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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 28 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L02000000663

Name and Mailing Address

0013614 01 AT 0.292 \*\*AUTO T9 0 0615 33594-565007



EMBEDDED TOOLSMITHS, LLC  
3007 RIDGE VALE CIRCLE  
VALRICO FL 33594-5650

**MJH**



10/28 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/09/2002	
Principal Place of Business 3007 RIDGE VALE CIRCLE VALRICO FL 33594	3. New Principal Place of Business Address	6. FEI Number 80-0036830	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  JOHANSEN, GREGORY EARL 3007 RIDGE VALE CIRCLE VALRICO FL 33594	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900024186649 10/28/03--01010--017 **150.00 City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

*Gregory Earle* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/20/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JOHANSEN, GREGORY EARL	3007 RIDGE VALE CIRCLE	VALRICO FL 33594

**REINSTATEMENT** 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

*Gregory Earle* **SIGNATURE REQUIRED**

Date 10/20/03

Daytime Phone # 813 655 3778

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)